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JOSEPH R. CLAUSEN, A. M., M.D., Manager.
1400 ARCH STREET, PHILADELPHIA, PA.

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CLINICAL CASES AND INTERESTING IDEAS.

Read at the New York Society for Medical Progress, May 10, 1899.

BY SAMUEL F. BROTHERS, Ph. G., M. D., OF NEW YORK.

Professor of Anatomy at the New York Post-Graduate Midwifery School.

[CONCLUDED]

INSANITY.

In a given case of infanticide, how are we to exclude insanity at the time of the act. Suppose, for instance, a young girl, deceived, and discovered, is driven by popular superstition from place to place, until she reaches this country, to give birth to a child after nine long months. She struggles for a time to care for it, but finds it an obstacle even to her own means of subsistence. Considering the effect of such a long-continued, persistent strain on the mental faculties of a sensitive nature, the depressing effect of despondency, neglect of hygiene surroundings, continuing for weeks and weeks, is it any wonder that at last the subject enters into a settled state of melancholia, and at some time or another, when the mental scales can no longer stand the weight of the cerebral depression, the patient's mind becomes so far unbalanced as to allow her to commit the crime of tying a brick to the infant's neck, and throwing it into the closet. The cause of the melancholia being removed, sanity

returns. Dr. Spitzka, in his manual of insanity, considers many cases of neurasthenia (in which he does not believe) and mild cases of melancholia as self-limited, curable diseases, usually treated by physicians under the name of malaria and other diseases. It is well known that the most pronounced lunatics sometimes have lucid intervals of extraordinary intelligence.

It is my belief that many forms of insanity have yet to be properly classified. The "rage" typified by Mrs. Place, recently electrocuted, is the indication of one form, and the "disgrace" condition of mentality another. One might say that according to this, the majority of vices must be considered as forms of insanity, unless we consider all mental aberrations as hypnotic disease. This seems to be a fact; so-called "degenerates" are nothing but individuals with the "insane diathesis," if we may be permitted to use such a term here.

On hearing of the case of suicide recently reported, in which the victim

gave as the reason the intense pain and suffering from a rheumatism, I was reminded of the fact that many patients are driven to the point of frenzy from constant suffering, and yet the physician will not attempt to prescribe an opiate because he was taught "not to." He will go further, and even reprimand the physician who does. I frequently have patients come to me with statements like this, "I could have driven my head against the wall with the pain." Now, do such statements reflect any credit on our great advances in medicine? Would it not have been better for the case of suicide just cited that opiates, even to excess, be prescribed? If these eventually killed him, to my mind, it would have been preferable. There is a claim by some, and perhaps rightfully, that many patients must be hurt to appreciate their treatment. But such instances, in my opinion, should be judged carefully, and limited properly. Some physicians, again, have no objection to prescribing Dover's powder, paregoric, or Stokes' expectorant, but morphin, never!

On the other hand, we all have felt at times that patients are so mean and stupid that they do not deserve to live. I recently prescribed for a case of intense migraine, in which the patient returned in great fright, being sure that she had an inflammation of the brain. On questioning her, I discovered that she had half a bottle of her previous medicine left, and had not taken any for 24 hours, although she was distinctly instructed to take it every hour until relieved. Her aggravated condition was caused by a stormy change in the weather, as she was rheumatic.

PEDIATRICS.

Intubation for Dr. X. Introduction was easy, and on the fourth day I removed tube readily, but dyspnea recurring, decided to reintroduce. I did so, but removed the silk too hastily. Dyspnea returned, while tube was in situ, and all efforts at reaching it with extractor failed dismally, the tube of post-pharyngeal abscess, in an

passing further and further down, until I had to stop on account of the child's exhaustion, although the epiglottis was distinctly felt, and the larynx surrounded the end of finger like a thin glove. The rim of tube was felt through the laryngeal wall. The patient was later tracheotomized, but passed from my observation.

Dr. Louis Fischer reported a case article in the Medical Record, in which all the signs pointed to true croup up to the last moment. As the prognosis is usually reported as favorable in these cases, it is interesting to note that this case terminated fatally, a while after the abscess was incised through the mouth. An amusing part of the case is, that the physician who wrote the death-certificate diagnosed it as tuberculous meningitis.

I recently had occasion to tracheotomize a child whom Drs. X. and Y. failed to intubate with hard-rubber tubes. In this case I had the opportunity of demonstrating the great value of my "attachment," the tube entering without the least difficulty. After the second day, however, the dyspnea returned, and as the child was apparently very low, I decided to tracheotomize at once, leaving the tube where it was. Relief followed immediately, but the canula was pulled out by the infant in some way on the following day, the case resulting fatally.

It seems to me that no matter how refined or healthy parents appear, cases of persistent snuffles in infants should be treated as cases of syphilis, especially when no other symptoms of coryza are present. Where we find such a child even with a temperature, it should be remembered that a cold may be merely a complication. I find calomel to be the best mercurial for these cases.

I advanced, at one time, the possibility of relieving laryngeal stenosis by incision of the posterior wall of the larynx with appropriate scissors, to avoid the necessity of intubation or tracheotomy. I have had no opportunity of practising it yet.

It sometimes happens, in vaccinating a child with a capillary tube, that a clean needle is not at hand; in such instances, the broken end of the tube itself may be employed, being cautious, naturally, that no splinters of glass are present. I usually prescribe an antiseptic application, as soon as the papules have shown themselves.

It is my opinion that many cases of erythema in children, with or without accompanying diseases, are really scarlatinal, even if the "strawberry tongue" is absent. If this is not the case, why is it that many of these occur when scarlet fever is admitted to be prevalent?

THERAPEUTICS.

A form of medication which, I believe, has never been used, is the injection of air and other gases and vapors (either normal, compressed, or attenuated, elementary, compound or mixed) into the "open cavities." The physiologic properties and pathologic uses of these remedies seem to have been studied to a very limited degree, and these only on the respiratory organs. The effect of systematic injections of compressed air, for instance (simple or medicated), on urethral, cystic, renal, ureteral, bowel, stomach, vaginal, uterine, oviductal, or peritoneal disease, has never been attempted, as far as I can recall, except in the case of the surgical treatment of intussusception. The action of air itself may be compared to that of hydrogen peroxid and the ozone preparations.

My principal experiments have been limited to the genital organs—in the treatment of gonorrhea especially. For the female, I have used a "reflow syringe" with the reflow tube stopped off, the air being introduced by the use of a bulb syringe or bicycle pump; for the male, I directed the patient to get a two-dram hard-rubber syringe, and force in the syringeful of air after each urination, holding the glans to prevent its escape for a few minutes, and also holding the penis upright. Of course, the internal temperature caused the compressed air to expand,

and then it would pass the sphincter with a faint gurgling feeling. On relieving the pressure upon the glans penis, the air would escape with the usual sound of imprisoned gas. Later on, foaming pus or urine would exude from the meatus, and gas would escape during subsequent urination.

I must say that I saw remarkable improvement in two of these cases of long standing. Of course the degree of compression was only approximately determined in these cases, depending as it did upon the tonicity of the parts. With the aid of my compressed-air apparatus, however, this could be better adjusted.

The great value of acetanilid as an analgesic ought to be more appreciated by the profession, since opiates have serious objections. Since the patent for antipyrin has run out, this coal-tar product, soluble in water, may also be freely prescribed. In combination with caffeine citrate, I have found it a good substitute in almost every prescription where morphin or its like was written, especially when it was desirable to alternate the two classes of drugs. Phenacetin and other patented coal-tar products, I have seen no use for.

We need have no fear, however, in prescribing opiates for chronic diseases, provided we take the precaution, first, to see that the patient never knows that he or she is taking it, and, secondly, that it is stopped when no longer needed. A pharmacist will never renew such a prescription repeatedly without consulting the physician. It should be a rule, however, among pharmacists, when a patient has a copy compounded, to leave the opiate out of the prescription.

A great cause of the increase of illegitimate medical practice is the result of inefficient college education. If less time were devoted to nonpractical branches of medicine, and more to everyday treatment there would be no need of postgraduate courses, and charlatan practice would not be so abundant. The instance of tape-worm

is a case in point. It would be much better for a therapist to teach one detailed method of administration of *aspidium felix mas* than the indefinite use of the whole list of anthelmintics. Even our books have the same fault. A surgeon, for instance, will not give the exact and definite mode of procedure which he has practised for years, but will mix up the opinions and theories of everybody he ever thought or heard of. Instead of devoting the larger part of a book on practical subjects, the great majority of authors only devote an insignificant portion of their work on them.

It is not sufficient, in giving to dosage table, to say that in patients above 60 years of age the dose should be graded inversely to those of children. This seems altogether too indefinite. I have developed the following formula, assuming that at the age of 90, a patient should receive just half the adult dose:

AGE.

60 plus 4 for each year older.

This formula, however, is not perfect; the best method is to fix the proportion of the adult dose for each decade. Thus, at 70 the dose should be fixed at 3-4 of the adult dose; at 80, 2-3 should be the dose; at 90, 1-2; and at 100 and over, the dose should be 1-3.

The reason that there exists so much difference of opinion in regard to the treatment of urethral disease with injections of silver nitrate lies in the fact that this solution is so unstable that no two investigators work with the same strength solution. Such a slight cause, in a very weak solution, as exposure to light, will materially alter its composition by oxidation. A prescription should always contain the sentence, "place in a light-proof bottle" (either amber or blue glass, or paper-covered). Further, when solutions like 1 to 10,000 or 1 to 20,000 are employed, distilled water should invariably be specified; the chlorids in ordinary water are sometimes sufficient to make quite a marked difference in such a solution. The patient

himself is responsible for the greatest losses, and it is hard to prevent this—the use of a syringe repeatedly without the precaution of cleaning it each time outside and in. All patients must be warned that as soon as the injection appears smoky instead of watery-clear, they are to throw it away. Saline water produces a white cloudiness; darkening is oxidation.

In a previous paper I spoke among other subjects of the use of a more extended list of flavors than were at present in general use. I wish to follow this up by saying that the hypnotic effect of colors in medicines is so marked that a full list should be provided in our next pharmacopeia. In this limited article I will not classify them into those for external and those for internal remedies, but will simply call them by name. The list comprises raspberry juice (black and red), burnt sugar (black or brown), cochineal (red), ponceau (red), logwood (black or blue), nutgall (black), tannin (black), alizarine, indigotin, potassium bichromate, anilin green, resorcin (black), alizarine, indigotin, potassium leu, methyl green, anilin orange, anilin purple, carmine, fuschin (anilin red), erythrosine, pernambuco wood, chestnut bark, brazil wood, silver nitrate, vanadium tannate, phenol blue, methyl violet, prussian blue, brilliant green anilin, Hoffman's violet, rosanilin (red), lampblack, venetian red, burnt umber, raw umber, burnt sienna, raw sienna, anilin blue, vesuvin (bismarck brown), phenol black, prussian blue, ultramarine blue, verdigris, cinnabar, vermillion, gas carbon, red precipitate, yellow precipitate, anilin lemon-yellow, true blue, water blue, imperial blue, victoria green, cerise (cherry red), naphtol (yellow), ferrous sulfate, iron acetate, indigo, fustic (black), turmeric (curcuma), litmus, gamboge, marine blue, dragon's blood (amber), copper sulfate or ammonio-sulfate or acetate, iron chlorid, iodin, chlorid or nitrate, fluorescin, annatto, cobalt oxid or carbonate, potassium permanganate, potassium or ammonium sulfocyanid, alum and potas-

sium iodid (red), cudbear, picric acid, potassium chromate, chrome yellow, and red sandalwood.

Until recently I considered flexible collodion to be the best protective known for skin-diseases, but since then I have discovered the value of solutions of common rubber for this purpose. One objection to this, as well as to guttapercha and other solutions of this character, is that the solvents are very irritating to inflamed surfaces. A solution in a volatile oil, however would overcome this. At present I am trying the following formula: Dissolve 1 dram of india rubber in 5 drams of oil of turpentine with the aid of a water-bath, and add to the cooled product 5 drams of benzine. Ether, carbon bisulfid, naptha, petroleum, oil of lavender, oil of sassafras, or caoutchoucine may also be used of solvents. Linseed oil makes a thick paste or ointment. Its use in medicinal plasters is familiar to all of us, but a plaster of rubber cement might be useful either in or around the wound for coaptating the edges of a lacerated perineum or similar condition.

Many practitioners give a remedy a superficial trial and then discard it, or forget it in the heyday of new remedies. The great secret in giving medicines is the careful directions which should accompany them. If a physician gives an opiate prescription, and thinks he does his duty when he says, "Take a teaspoonful every two hours," he is making a great mistake. If the first dose relieves him, why should he take the balance? If it does not relieve him, why should he not take more? And so we might go on through the whole list of medicines. A book on therapeutics will tell you the limits of dosage for each remedy. You will be lucky if it tells you how often you may give the remedy. How much water to give with it, how to flavor it, and such matters, you must not expect of it. The volume on the practice of medicine, again, will expect you to get the book on therapeutics for detailed information. And lecturers, as a rule,

advise you to study the books for detailed information. Dosage for children, especially of opium, calomel, quinin, etc., will only be given in a general way, if given at all. If three or four drugs, such as morphin, calomel, and Blaud's pill were thoroughly gone over in detail, myriads of remedies, and even some operations, would rarely find a place in medicine. With the proper administration of mercury, I believe that I have averted many an antitoxin injection, intubation, and tracheotomy, and with the aid of iron properly administered, I have avoided the necessity of prescribing thyroid extract and a host of therapeutic agent why not study the beneficial and injurious effects of dancing. The amount of activity engendered ought certainly to have a beneficial effect on phlegmatic, hysterical, and neurasthenic temperaments. To those who cannot take advantage of this, amusements and sports should be beneficial, both indoor and out. Aerial travel in a well-constructed balloon ought to be a useful mode of treatment for tuberculous and other disease. This field of therapeutics seems to be unduly neglected by medical men. It would be interesting to note what effect, if any, X-rays exert on vision. For instance the rays could be created in a chamber large enough, so that observations could be made by looking through. These would be interesting, in view of the fact that our atmosphere is supposed to be surrounded by a vacuum, and since X-rays undoubtedly exist in the atmosphere, it might alter our conclusions as to the distance and signs of the heavenly bodies.

The ease with which koumyss, as well as other alcoholics, produces a recurrence of a gonorrhea is something remarkable. I have seen several such instances, in all stages of the disease. It is also interesting to note that no liquor license seems to be attached to the general sale of this article.

There are about 4,000 remedies known, according to the Pharmaceutical Era, not including patent medi-

cines. This would permit a physician to prescribe 10 different elementary remedies every day for a year—Sundays and holidays included,—without duplicating one of them; of course, from these 4,000, millions of medicines could be made by chemical combination, and by simple mixture.

It has been supposed, since the patent has expired, that antipyrin is a cheap drug. But this is by no means the case, as it costs to-day 35 cents an ounce, while antifebrin costs little more by the pound. Besides, the adult dose of antipyrin is three times that of antifebrin. Its great solubility in water makes it a very useful anti-pyretic of the coal-tar series, but none of these should be prescribed without caffeine or heart-tonic. Their value in vomiting should not be overlooked.

There is only one value which we can attach to the horde of pamphlets which we receive annually, and that is, that some of the formulas are found useful; in others, again, even the ingredients printed on the package are useless, whether given truthfully or not.

Heavy magnesia is a preparation which does not receive the support which it deserves. It can be prescribed in powders where light magnesia would be too bulky. A "fruit laxative" or laxative confection, would be another desirable addition to our pharmacopeia for pregnant women and children. We have a confection of senna, it is true, but we need first a palatable laxative syrup, more effective than sirup of rhubarb, and a laxative tablet. A prepared chocolate sirup of quinin would also be desirable. An efficient cocaine plaster, spreda, would also be a useful addition.

In dispensary practice I have found oil of peppermint, 1-2 dram to the ounce, to be an economical substitute for menthol, as a local application.

The administration of an enema is often neglected by the nurse before operations, because the patient has told her that she had a passage of her own accord. People rarely empty their bowels thoroughly, as they get

accustomed to hurry up the process of defecation, through various influences attendant upon our refined civilization.

GENERAL REMARKS.

To make a few remarks of a general character, I would like to call attention to a foolish notion which some publishers and editors have of presuming that because their greatest revenue comes from advertisers that subscribers may be ignored with impunity. This notion is even shared in, remarkable as it may seem, by journals which are virtually owned by the subscribers themselves. Of course, each subscriber to a journal may not amount to much individually, but, as Dr. Manley has aptly remarked on a certain occasion, "a common fly is a small thing, but it becomes a matter of some importance when it reaches a tender spot like the eye." Some medical journals have a habit of keeping manuscript for an exasperating length of time—as long as a year in instances which have come within our knowledge—before being published. Others consider it just to charge extra prices for copies which subscribers have never received, or for reprints which the author deserves.

I do not believe that physicians often impose upon journals, and therefore it should be impressed upon the interested persons that the advertiser needs the good-will of the subscriber toward its journal. A physician receiving 10 or 11 journals cannot be expected to keep a strict account of every copy which he receives. When he collects his papers for binding, he first discovers the missing numbers. A manuscript should not be rejected or unnecessarily delayed "for want of space." If the journal is worth the subscriber's support, it should be enlarged sufficiently to make space. In fact, any communication from a physician-subscriber deserves reproduction in a medical journal, even if the editor has to correct most of it himself. If he cannot, he might at least inform the subscriber what its faults are.

Have charitable medical institutions

the right to prohibit visits from medical men unchallenged? A rule was passed to this effect in a large dispensary several years ago that I believe is still in force. And the superintendent of the hospital was so arrogant that no self-respecting physician would visit it.

Another subject of importance is the enormous sale of patent, cheap laxatives, etc., in recent times. Can these be considered wholesome to the multitude, from a sanitary point of view? Is it not a proper subject for Board of Health investigation?

Some patients are so exasperating at times that we seem at a loss to know just how to act. This is especially the case in the use of instruments. We might excuse a patient in whom an instrument causes pain; but when a man with a sore throat gags at every attempt to open his mouth, even with his eyes shut and the physician at a distance, it is pretty bad, and still worse, when a woman deliberately refuses to allow the use of a vaginal speculum or even of a throat spatula. I refused a fee in such an instance, as I could not prescribe.

A practitioner, even a surgeon, makes a mistake when he fails to recognize the value of drugs in medicine. A pharmacist recently called on a medical man and explained to him that the rare drug which he had prescribed could not have been properly compounded at the price paid for it by the patient. "Well," replied the doctor, "you know that I am a specialist in such and such departments, and do not believe in drugs, anyway."

Other specialists, again, have such great ability, that they can find bronchial breathing and dullness on the chest of every child that is feverish, and cure the pneumonia in 24 hours. Ordinary physicians may only consider the cases as gastrointestinal derangement or intermittent fever. If physicians only appreciated what an immense amount of discredit they create by criticising one another in the presence of patients, they would stop it forever. It makes no difference whether your teacher taught it to you

this way and that one the other way; it is nonsense to say that some ridiculous change in the treatment is far superior than that of your predecessor. If you honestly believe you know more than your neighbor, discuss it freely in a medical society or in a medical journal, but don't get angry and think that everybody but yourself is a fool because he does not agree with you. He may have private reasons that you are not aware of. Even if you consider yourself a higher authority, you are not justified in making any comments whatever, even if you change the treatment.

In years gone by, when a physician traveled in the summer, he declined to do any general practising whatever during his absence. But nowadays, it is quite common for physicians to establish a regular office while away. It seems to us that this does not permit such practitioners to have full control over these families, for such would appear too much like the action of a vulture awaiting the opportunity to pounce upon another's food as his prey. He is only supposed to be the saving medium for an emergency, as long as the regular physician of the family is not readily reached.

If any special indication should arise, however, he is not justified in recommending the patient as if he were his personal property, any more than he would have a right to force himself upon the family upon his return to the city.

If any special indication should arise, however, he is not justified in recommending the patient as if he were his personal property, any more than he would have a right to force himself upon the family upon his return to the city.

It is pretty well recognized in our day that our system of voting has great faults, the greatest perhaps being, as pointed out by the late Col. Waring, the inequalities in individual capacity. By our present system, a lazy imbecile has as large a voice in the administration of public matters, as the most intelligent and hard-working among us. The only ideal system that can be at all called just, would be one in which each individual's capacity was weighed and measured, and his voting power limited accordingly. A rough method of reaching such an estimate would be by classifying in-

dividuals according to their avocations. Of course, even this would have some faults, but with all these, it would represent an enormous advance over the present system.

It is comparatively rare to hear a physician make a diagnosis of two diseases occurring simultaneously in a patient, as if such were impossible, unless as a complication. It frequently happens that a patient with nasopharyngeal disease or with chronic gastritis or dyspepsia will complain of regular movable myalgic or other pains or sensations passing from the shoulders to the back, then down to the loins, and even extending to the anterior abdominal regions. In such a case of muscular rheumatism, it is not sufficient to say that the patient is only neurasthenic, even if the usual remedies fail to relieve it. Wherever there is muscular tissue, voluntary or involuntary, lithemic symptoms may occur. Even if a lumbago is associated with uterine disease, the loin-pains might only be local manifestations of a lithemic constitution, the pressure from a displaced uterus, or the sympathy of diseased pelvic organs, being merely the exciting cause. Myalgia of the transversalis, oblique, and other abdominal muscles deserve careful study.

In a case of chronic obstruction due to obstipation, the patient lost her life because she insisted, in a hysterical way, that she needed no passage because she ate nothing solid. As the attending relatives were induced to believe her, all efforts to relieve the obstruction were ignored until it was too late.

Like in other walks of life, we have among us men who have been aptly characterized as "cut-throat" practitioners. A physician, supposed to be your friend, is called by a hysterical family in your absence for a supposed emergency. He exaggerates the most trivial symptoms, calls repeatedly without being asked, although his friend has not been paid yet; then, because he has been taken to task for his actions, he sends agents to the family to besmirch his friend's character.

Although I am a little rusty on systematic bookkeeping as I was taught, we have nearly perfected a method for physicians' use which should recommend itself, on account of its simplicity. The whole system is based on what is called stenography "position." In this art, position means the relation of a person writing to the line. In long-hand (ordinary writing) we always write on the line, but in short-hand a syllable may be written either above the line, on the line through the line, touching the bottom of the line, or under the line. This is the whole key to our bookkeeping. Debits are placed below the line credits, above the line; cash, on the line; and balances, through the line. In this way, if we wish to know how much a patient owes us, we look across the page below the line; if we desire to find out how much was paid we look across the page, above the line.

Now, how shall we find the patient's name in our book? In this way: Your page has 26 lines—one line for each letter of the alphabet. If your patient's name is Johnson, it begins with a J. You have then only to look over the "J lines" on each page till you find it.

Now, supposing a call comes in. You take the book out of your pocket. You ask, "what is the name?" "Brown." You write the name on the "B line," follow it with the address, and the date after this.

But now about the date. You want to save space, so instead of writing your date straight on the line, you will write the month above the line, but in its numeral instead of its name; thus, May is the fifth month in the year, so you write 5; then right under this you write the day of the month, and under this a number 9 for the year (1899). In order to remember your calls, though, you must repeat them on the upper margin of the page.

So now, you see, you need no separate index-book. Physicians rarely have use for a day-book, so you will not miss it. It answers all your purposes as a bill-book at least for "bills

receivable." It also answers your needs as a ledger. So you have a call-book, an index, a bill-book, and a ledger combined. If you desire a book which will tell you your bills receivable for each month, you will need a separate book or a separate part of this book. Now I will give an example:

Frank. 62 Monroe	5	5	54	52	5	5	5
St. 3d floor back.	12	14	16	18	20 ^a	22	24 ^a

^a 9₂ 9₂ 9₂ 9 9 9₂ 9

For memoranda of confinement cases, etc., you must use a separate part of the book. Especially in taking high temperatures (above 104° F.), the possibility of a defective thermometer should always be borne in mind. Recently I was astounded to read a temperature of 109° in the case of a child. I did not like to, but on taking it a second time with care (in the rectum, as before), I found the actual temperature to be only 105 1-2°. It should not be assumed, however, from this statement, that the case which I recorded of the highest temperature ever known to be followed by recovery—from an actual organic disease—113° F., was the result of an error, because the objective symptoms corresponded with the temperature in that case; terrific, prolonged, and uncontrollable chills, terminating in complete coma. Furthermore, that same thermometer had been used over and over again both before and since that case occurred, at all degrees of temperature.

It would be interesting to know what proportion, if any, of the money appropriated to the support of medical charities, is received by go-betweens, political or otherwise. Are opposing parties in politics beneficial or detrimental? It seems to me that personal justice would never be secured if it were not for the contending elements which must necessarily accompany the struggle of one opponent against another.

It seems almost incredible that a sound eye should be removed, instead of a diseased one, in the presence of three physicians but this is only one of the results of the mind being distracted

by the worries of physical existence. And yet we were surprised, when we asked several physicians if they would not rather practice in ease, on a salary paid by the government, like school-teachers, to hear them say, No. They would rather struggle for an existence, so that they would have the opportunity of piling up riches for their successors to enjoy—persons able to care for themselves, and who possibly never raised a hand to assist them in any way. I refer particularly to the wife's second husband. This demonstrates how the hypnotic insanity of riches, display, and social ambition is just as rife among us as among any other class of people; of course, it is with us the result of breeding and habit, just as it is with others.

I often hear a physician being criticised for having a lower rate of mortality than usual in his cases. This seems to me wrong, as I know that physicians are divided by lay-people into distinct classes, one recommending another to a certain class for the cure of certain conditions. In this way, one class of practitioners will receive a different class of cases than another, and he may be telling the whole truth in giving better statistics; but this is merely because he gets better cases.

Is a board of health or hospital-physician justified in treating or removing a patient, in an emergency or diphtheria case, when a private physician present objects? If it is wrong our medical societies should take up the subject and act upon it vigorously. These bodies act with unwarranted authority, in my estimation.

Medical men should be among the first to advocate the briefest possible form of intelligible language, both written and spoken. Such a universal language would be much more to be desired than the proposed classical Greek. Just imagine the Frenchman, who omits the sound of t, spells the word infants enfants, and then pronounces the t as if it were a g, on-fong; the s he leaves out of the sound altogether, although not out of the

spelling. Imagine, again, a rocking-chair spelled fauteuil, and pronounced fo-toi. But we are nearly as bad with our English. A few examples of phonetic spelling: friend, frend; quilts, kwilts; else, els; many, mani; phthisic, tizik ; limb, lim; condemn, kondem; schism, sizm; and honor, onor.

Many terms, aside from this, are used very loosely. Naphtha is an article frequently mentioned in this brief way, although there are wood naphthas, coal naphthas, petroleum naphthas, etc., each being totally different from the others.

Physicians should take more in-

terest in the general welfare of the community; they would then be benefiting themselves. Rapid transit has been juggled by politicians in this great metropolis until we are the laughing stock of the world. If undertaken honestly by our government, travel under its control ought not to cost more than the fraction of a postage stamp.

So many accidents are continually occurring that teachers should instruct children how to avoid the dangers of matches and other poisons and combustibles, as benzine, gunpowder, firearms (pistols), etc.

ON THE USE OF ORPHOL FOR INTESTINAL ANTISEPSIS.

BY DR. EDMOND CHAUMIER,

Physician to the Sanatorium of Touraine, and Director of the Animal Vaccine Establishment of Tours, France.

[CONCLUDED.]

PART II.

Orphol in Diseases of the Gastro-Intestinal Tract.

4.—CANCER OF THE STOMACH.

Antisepsis is powerless against the cancer itself; but since sero-therapy has not as yet realized the hopes that were entertained of it, the palliative methods to which this belongs, still hold the field. Under certain circumstances the patient may live for a number of years, and it is the physician's duty to combat those symptoms, the pain, vomiting, etc., over which he has some control. Antiseptics necessarily play a large part in this treatment; and orphol is to be employed in preference to all other drugs, from the fact that it in no way irritates the diseased tissues.

The presence of the tumor renders digestion more or less difficult, and the residual food becomes the seat of numerous fermentative processes. And we know that various micro-organisms flourish by preference in the cancerous stomach. Orphol will prevent these fermentations, and destroy most of these microbes. Digestion will be

come less painful and more normal, and the unfortunate sufferers will regain strength and a certain amount of health. Jasenski found that orphol caused the vomiting to stop.

The orphol may be given in half g.m. (7 1-2 grains) doses dry in capsules or with syrup. It may also be employed in suspension for lavage of the stomach instead of the subnitrate of bismuth sometimes used. Ten gms. (150 grains) in suspension in a litre (1 quart) of water is the proper proportion; it should be used after washing with plain water, and should be repeated twice a day. It leaves a layer of orphol to protect and soothe the stomach. These lavages generally mitigate the pain and the vomiting by the first or the second day, and the symptoms do not return so long as they are kept up.

The method is equally useful in simple dyspepsias.

5.—GASTRIC ULCER.

Though we do not know the etiology of ulcer of the stomach, it seems probable that micro-organisms,

possibly of an as yet unknown variety, are its cause. Intestinal antisepsis is the rule in the malady, and as yet it is the method that has given the best results.

Orphol has been highly recommended by Wilcox, and may be used in capsules, or in suspension, as in cancer. The lavages as described above are also sometimes employed.

There is some hesitation to employ lavage in ulcer of the stomach, but if the quantity of water that is introduced is not too great I do not think that there is any danger in it. Nor do I understand why the gastric hemorrhages should not be combated with repeated washings with very hot water, as is done in uterine-hemorrhages with such success.

6.—DYSPEPSIAS.

I shall not enter into the details of the administration of bicarbonate of soda, or of hydrochloric acid, in accordance with the varying acidity of the gastric juice, nor into the clinical methods of examining that secretion. There can be no doubt, however, that lavage of the stomach is a most valuable means of relieving the gastric distress that so frequently occurs. It should be done with orphol suspended in boiled water; and orphol may also be given with the meals, and between the meals, so as to give the microbes that cause or accompany the disease no chance to multiply. It is in the case in which the hydrochloric acid is deficient that putrefaction is most frequent, and antisepsis most necessary. William Waugh has employed orphol with success in a number of cases of gastric catarrh, that form of dyspepsia which is par excellence an American disease.

7.—GASTRALGIA.

In addition to the various carminatives, and morphia, washing out the stomach with or without orphol gives the very greatest relief. There may or there may not be a purely nervous gastralgia; but it is good practice to treat all painful dyspepsias antisep-tically in the manner indicated.

8.—DILATATION OF THE STOMACH.

Through the labors of Professor Bouchard and his disciples the history of the diseases of the stomach have been revolutionized. But, apart from theoretical considerations, there are dilated stomachs; stomachs that functionate badly, empty themselves badly, contain the maldigested materials of former meals, which become subject more or less to putrid fermentation. Such stomachs swarm with microbes, and antisepticism is absolutely necessary. The administration of hydrochloric acid, to replace that which is missing, is of the greatest value. Orphol should be given with and after the meals in divided doses, and in daily amounts of from 5 to 10 gms. (75 to 150 grains). Washing out the stomach before eating is useful to remove the remnants of the preceding digestion, and here again orphol may be used suspended in the lavage water.

9.—CHRONIC GASTRITIS.

Thanks to the investigations of Professor Hayem, these important maladies can now be classed amongst the dyspepsias. The gastritis of drunks is one of the most common of them. A milk diet, lavage of the stomach, and antisepsis, are our principal means to relieve these sufferers.

10.—THE GASTRITIS OF TUBERCULAR PATIENTS.

The gastric troubles of the tuberculous are well known to all of us, and the stomachs of these patients merit all the attention that the physician can give them. For the entire treatment of phthisis rests on the three important factors of pure air, rest, and abundant alimentation.

Dr. Hayem claims, and probably correctly, that it is the abuse of medicines that in many cases causes the gastritis or dyspepsia of consumptives. Most prominent among these drugs are the creosote and guaiacol used in capsules, pills, emulsions, etc., and many practitioners prefer to give any other medicaments rather than these two for that reason.

I have shown in my previous mono-

graphs that we can advantageously replace these drugs by compounds containing them that are non-irritant; and I have said that among these compounds I greatly prefer creosotal, which is a chemically pure carbonate of creosote. In the intestines it is decomposed into creosote and carbonic acid, but, as this decomposition takes place slowly, absorption is slow also, and no irritation is caused.

Be that as it may, the gastritis of phthisical patients must be treated with the utmost possible care. According to the excess or deficiency in the acidity of the gastric juice, according to the presence or the absence of butyric or other fermentations, the treatment will vary, but in any case orphol will be found useful to stop the fermentation, and to destroy the micro-organisms that have invaded the stomach.

11.—INDIGESTION.

It has been said with some truth that gastric distress is the distress of the profession. It is often caused by an attenuated infection. In epidemics of typhoid fever and of pneumonia we always see cases of gastric trouble which are surely cases of attenuated infection with the organism that cause the two diseases. But whatsoever its cause, it exists and it must be treated; lest instead of an aborted disease we may have the malady fully developed.

The chief symptoms are referable to the gastro-intestinal tube, the tongue is coated, the appetite is gone, there may be vomiting and diarrhoea, or obstinate constipation may supervene. Many physicians use laxatives, purgatives, or emetics. To a certain extent these all favor intestinal antisepsis, but Dr. Bouchard advises us to add to them internal antiseptics, insoluble and pulverulent.

For the reasons already mentioned orphol is to be preferred for that purpose to naphtol, iodoform, napthaline, etc.

12.—FOOD POISONINGS; INDIGESTION.

We are not quite in accord as to

the precise limitations of this term. When the food has been taken in too large quantity, when it has been too rich, or when its quality has been bad (as of bob veal, for example), an indigestion is set up that is a true poisoning, and may even cause death.

Purgatives are indispensable in this kind of indigestion, as is also intestinal antisepsis, to prevent intoxication by the spoiled food that remains in the stomach and the intestines, to hinder microbial growth and the putrefaction that ensues therefrom.

13.—CANCER OF THE INTESTINE.

Antisepsis is as necessary in cancer of the intestine as it is in that of the stomach, and lavages are useful, at least when there cases is a tumor in the rectum, or of the sigmoid flexure. In these orphol, 2 gms. (30 grains) suspended in a litre (1 quart) of boiled water, and given in two injections one after the other, is of great use to combat the secondary symptoms, the inflammations of all kinds, that complicate a situation so often desperate.

In cancer of the intestines there is retention of faecal or of more or less completely digested matters. These form excellent culture media for the numerous bacteria that by their secretions poison a patient that is already poisoned too much by his disease.

Intestinal disinfection by means of orphol, which so greatly relieved Jassenski's patients, will be very useful in cancer of the intestine in capsule or draught. The doses must be frequent, in small quantities every hour or

14.—FAECAL RETENTION.

Any tumor of the intestines or their neighborhood may cause obstruction of the gut, strangulated hernia, valvulus, invagination, or a bridle. Absorbable liquid matters are thus retained, and Dr. Bouchard has proved that faecal material contains microbial products that are capable of causing death when injected subcutaneously. Antisepsis of the intestines is, therefore, an important matter in every case of intestinal obstruction. Pow-

dered orphol should be administered in small quantities every hour or every half hour.

When faecal vomiting occurs, washing out the stomach with or without orphol suspended in water greatly relieves the patient, and suppresses the vomiting.

15.—TYPHILITIS; APPENDICITIS.

These are surgical maladies more especially; but not all cases need such intervention. They get well sometimes, especially in children, and I believe that the last word concerning their pathogenesis has by no means been said. When the physician does not deem an operation necessary, he must make use of intestinal antisepsis.

Frequently repeated doses of orphol will fulfill the first indication. It does not constipate like the other bismuth preparations. All that I have said about microbial growth in intestinal obstruction applies equally to typhilitis. The ulcerations and the suppurative processes so frequently present render antisepsis necessary. Dr. Bouchard believes that typhilitis is often a complication of dilatation of the stomach. It is observed following dietary faults or overeating in persons who suffer alternately from constipation and diarrhoea in consequence of intestinal putrefaction.

16.—TYPHOID FEVER.

This is the triumph of intestinal antisepsis, and it is here more especially that Bouchard has experimented with the chief antiseptics. In a somnolent or comatose patient, whose lips and tongue are dry, who refuses nourishment and drink, the administration of intestinal antiseptics cause the coma to disappear, the tongue to become moist, drink, and even food is accepted with pleasure, the fever diminishes and maintains a lower level. The mortality also, Bouchard claims, is remarkably diminished.

Intestinal antisepsis, he says, is especially useful here on account of the localization of the malady in the gut. The ulcerations and gangrenes;

the putrefactions and consequent metabolism and foetid diarrhoea, all these things are kept in check thereby. After intestinal disinfection the faecal matter lose their odor and their toxicity.

Wilcox has found great benefit from the use of orphol in typhoid fever. In the two cases in which I have used it in capsules taken every hour, I can only give it praise. I had first given one of the patients a mixture of naphtol and the subnitrate of bismuth, but as she vomited every day, the burning taste of the naphtol at each administration distressed her greatly. The substitution of orphol for naphtol entirely remedied this, and intestinal antisepsis was as perfect as with the first combination. The diarrhoea natural in the disease was a little modified, the patients emaciated less quickly, and convalescence could not be shorter than it was with my two patients.

I am, however, of opinion—in spite of the good effects of intestinal antisepsis—that, as in all fevers, there should be used at the same time cold baths, or at least cold packs; which method gives, in my estimation, the most brilliant results.

17.—DYSENTERY.

Dysentery is a microbe malady, since it is contagious, and intestinal antisepsis should be employed to diminish its gravity. Whilst we have no specific remedy, ipecac—given in decoction according to the Brazilian method—is perhaps the most powerful remedy that we can employ against the disease. The first tentative trials of lavage with boric acid solutions have been successful enough to permit us to recommend the use of orphol suspended in boiled water, 10 gms. to 5 litres (2 1-2 drachms to 5 quarts). Its internal administration will be no less valuable from its disinfectant effect on the ulcerations of the intestinal walls. It may also be employed for the dysenteries peculiar to hot climates the treatment must be long continued to obtain a perfect

cure and to avoid the formation of an abscess of the liver.

18.—CHOLERA.

Prof. Bouchard has not done as well with intestinal antisepsis in this malady as with some other methods. I have had no experience with it myself; but intestinal antisepsis is so decidedly indicated *a priori* where the entire system seems to be poisoned with the toxins of the comma-bacilli, that we are not surprised to find Dr. Hueppe recommend orphol almost as a specific, he having treated a large number of cases with it in the hospitals of Hamburg. The Russian physicians Nencki, Schubenke, Blackstein, and Petkewitsch have administered it with success in the cholera-form diarrhoeas. The orphol must be used internally and as a rectal injection, in large doses and frequently repeated.

19.—URAEMIC DIARRHOEA.

Diarrhoea is a frequent and salutary occurrence in uræmia; for a portion of the poisonous materials absorbed from the intestinal canal, and not eliminated as usual by the kidneys, is gotten rid of in this way. Direct interference with this process would be dangerous; but intestinal disinfection prevents the microbe growth that produces the poisons, and may thus be extremely useful. Orphol, unlike mixtures of the salicylate of bismuth and naphtol, does not cause immediate constipation; the diarrhoea diminishes slowly, and the drain on the patient's resources is lessened. I shall return to this subject later.

20.—PHTHISICAL DIARRHOEA.

These are of two kinds, one caused by bacillary lesions of the intestines, and the other non-bacillary; I might add a third, the cachetic diarrhoea that accompanies the hectic fever. The bacillary diarrhoea arises most often from the fatal habit of swallowing their expectoration which some adults have in common with children. Colonies of bacilli grow in the intestinal

walls, and cause ulceration and diarrhoea.

In certain cases the intestinal lesions precede those of the lung, and the diarrhoea demands all our attention, not only on account of the gravity of the lesions themselves, but also on account of the resulting enfeeblement of the patient.

The non-bacillary diarrhoea which arises from faulty digestion, or from unknown causes, and, whilst less serious than the other variety, must also be carefully attended to.

Both in the Sanatorium of Touaine, and in my private practice, I have had abundant opportunity to see these cases. I have employed only a single drug, creosotal; being persuaded that a systematic air cure, with rest and abundant and varied alimentation is worth more than all the drugs. If diarrhoea supervened in these cases I immediately stopped the creosotal; for I had noticed that it had no action on diarrhoeal patients, and a useless medicine may be harmful. I then gave orphol to disinfect the stomach and the intestines, facilitate digestion, and relieve the diarrhoea. I gave 5 to 6 gms. (75 to 90 grains) daily in half gm. 7 1-2 grains doses, in capsules or suspension. I continued it for at least eight days after the complete disappearance of the diarrhoea. Then the ordinary treatment is recommended.

In the more usual chronic bacillary diarrhoea orphol is still the remedy and in the same doses. I have had remarkable success with it. But tuberculosis of the intestines, as of other organs, requires long continued treatment. Patience on the part of both the patient and the physician is required to cure a phthisical subject.

It is needless to say that the orphol will do no good if the patient is confined in bed in an overheated and closely shut room, or if he leads a busy and fatiguing life, if his alimentary hygiene is not carefully attended to.

Intestinal antisepsis begun in time and thoroughly carried out will pre-

vent the development of the tuberculosis of the mesenteric glands so frequently seen in tubercular children.

21.—INFANTILE DIARRHOEA.

When Parrot grouped under the name of Athrepsia all the varied diarrhoeas of infancy, our ideas had not yet been enlightened by micro-biological research. He sought the cause of the diarrhoea in bad hygienic conditions, amongst which improper alimentation was the chief. We know now that whilst artificial and improper feeding doubtless has some effect in the causation of the diarrhoea, it is the microbes introduced into the intestines with the food that are mainly responsible for its ill effects. The examinations made at the Paris Infant Asylum, show that the nurslings harbor a great variety of micro-organisms.

Professor Hayem has shown that the green diarrhoea of the new born must be regarded as a contagious and infectious malady. By the immediate disinfection of all linen soiled with faecal matters, and by treating the diarrhoea antisceptically, he caused the disease to disappear from his wards. Several writers, and amongst them Lesage, have studied infantile diarrhoea from the bacteriological point of view.

These infantile diarrhoeas are of different kinds, there being at least three or four varieties, due to different micro-organisms. They are all contagious and are frequently spread in the asylum. I have often observed epidemics of diarrhoea in young infants.

The treatment by lactic acid recommended by Dr. Hayem does well in certain cases, but fails in others. Laudanum in quarter to half doses, as recommended by Dr. Jules Simon, sometimes gives good results. The substitution of albuminized water for all nourishment is indicated in some cases. The entire subject of these diarrhoeas has always interested me greatly, and I have tried many remedies for their relief. More especially

I have studied the various bismuth salts, and the manner in which their decomposition in the digestive tract causes antisepsis. I have used the naphtolate of bismuth (orphol), tribromphenol-bismuth, phenol-bismuth, resorcin-bismuth and pyrogallol-bismuth. And after many trials I selected orphol, the naphtol-bismuth, as the most active. Fischer, in America, has also employed it successfully in the diarrhoea of infants.

For the past two years I have used orphol in all cases of infantile diarrhoea, except in such as in which vomiting was the most prominent symptom. In these cases I stopped all food and gave albuminous water. When the vomiting ceased I put the patient on orphol.

Orphol is not a specific for infantile diarrhoea; but it disinfects the intestine, and, whilst it combats the diarrhoea, it tends to prevent the nervous troubles, fluxes, etc., which seem to be the result of the absorption of microbe toxines from the intestines. And if I accepted the theory that the rhachitism was of intestinal origin (Comby), I would believe that orphol would prevent its occurrence. But I have demonstrated at the Congress at Rome that rhachitism is an infectious disease.

The subnitrate of bismuth is very inconstant in its action in infantile diarrhoeas. It sometimes causes an abrupt stoppage of the diarrhoea, to be followed by constipation for a day or two, with a subsequent return of the loose discharges. Orphol does nothing of the kind; its action is progressive and more sure. Nevertheless it does not cure all the diarrhoeas, and some of the patients succumb in spite of its use. It may be given in fairly large doses in children. I never give less than 1 gm. (15 grains); 2 gms. (30 grains) is the ordinary dose for a new-born infant; and we can go up to 3 and 4 gms. (45 to 60 grains) without danger. It may be administered suspended in syrup or mixed with honey.

Intestinal lavage is useful in certain

cases; boiled water 1 litre (1 quart) orphol, 5 gms. (75 grains); a certain quantity of the drug remains on the wall of gut, and sterilizes it. The same procedure may be employed for lavage of the stomach if desired.

22.—SIMPLE ENTERITIS.

In what is called simple enteritis, catarrh of the intestines, there are always present a large number of microbes, which are either the causative agents of the disease, or, entering the canal with the food, are the cause of putrefaction of its contents, and give rise to various troubles by means of their secretions. In all these cases the treatment by intestinal antisepsis will have its place. Nencki, Schubenke, Blackstein and Petkewitsch have used orphol in them with success. Wilcox, Hueppe and Engel, have also reported encouraging cases. Jasenski, in six cases of intestinal catarrh, effected

cures in 2 to 5 days. It was successful even in old chronic cases.

23.—HAEMORRHOIDS; FISTULA IN ANO; ANAL FISSURE; RECTAL PROLAPSE.

In these various affections of the lower extremity of the gut, intestinal antisepsis is required. Whilst the real cause of haemorrhoids is unknown to us, their inflammation is doubtless due to an infection coming from the intestinal canal. Antisepsis from above and from below will cause the inflammation to disappear, will diminish the pain, and will often enable us to avoid a painful operation. The same holds good of fissure. In fistula it will hasten cicatrization and prevent relapses; but the orphol must be employed for a long time.

Inflammation is often the cause of prolapse of the rectum, both in children and in the adult. Orphol in lavement and internally will aid in its cure, more especially in the case of children.



Editorial

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BAD SMASHES, AND AMPUTATIONS.

Dr. Kuhner, of South Bend, Ind., recently records a remarkable case of an arm saved "after being run over by a locomotive."

Our good friend, Dr. W. B. Outten, of St. Louis, the chief surgeon of the Missouri Pacific R. R., has told of a case, in which a loaded coal car struck a negro's foot, its wheels being raised, and the whole train derailed; of course, the poor fellows' foot being badly shattered; but, nevertheless, Dr. Outten informs us, it was spared, and so good a limb secured that he was able to return to his place, at the switch.

There is no department of surgery, of late years, in which greater advances have been made than in the treatment of traumatized limbs. Let it be remembered that the older ideas which dominated the profession in this line of traumatism are defunct and antiquated, and that a primary amputation in civil life should never be performed; i. e. unless the traumatizing

force itself has totally destroyed the limb, with appendages, and it only hangs on by tendons, fascia and integument, and move; if deformity, with hyperesthesia, or paralysis follows recovery and union with nerve inclusion or pressure from hyperostosis or faulty callus succeed secondary osteopathy will often accomplish remarkable results.

Let no one be deceived by the assumption that any artificial limb, however perfectly constructed, can do the work of the natural member.

By all means then, always spare the limb or any part of it and if defect later follow recovery, correct it by safe and effective plastic surgery.

Dr. Kuhner compresses and epitomizes more into one brief paragraph on this aspect of the subject than one may find on the perusal of volumes; sagely observing:—

"I am aware of the fact that some will say a stump is better than a deformed and useless member, and to

this I assent, but not all deformed members are useless, nor are all useless members deformed, and the question of serviceableness depends upon their usefulness, and not on their perfection of form, or deformity. The mere fact that at some time a surgeon has succeeded in saving a limb or extremity which afterwards proved useless to its possessor, should not cause him afterwards, when in doubt, always to amputate, for I boldly assert, but without of course the opportunity of demonstration, that for every case of a useless member saved by conservative surgery, a score or more have been amputated, which might, by proper care and attention, have been saved to the great and lasting benefit of the possessors. The ease with which an amputation can be performed, the effect it has upon an unthinking public as an indication of skill on the part of the operator, thus tending to enhance his reputation, the flattering reports in many, if not most, localities, by the daily press, all conduce to operating and amputating without discretion or consideration or discrimination, and thus, in time, there is a hardening of heart, and an invol-

untary amputating instinct formed by the surgeon to such an extent that all that comes to his mill is amputating grist, and he runs in a single narrow channel or rut, which causes him to overlook entirely the grandest portion of his duties, viz., not only to preserve life but to so preserve the life and functions of an individual as to make him the most useful to himself, his family and the public."

It should never be forgotten that unless a limb be quite completely crushed and separated from the body, no living surgeon however great has been his experience can pronounce on the question of whether it can be saved or not, immediately after injury. Time only can answer this question. Moreover, however skilled the operator he is never able to promise a useful or serviceable stump.

The practitioner, therefore, who hastens to sever a limb from the body after an injury to it, without waiting for 24 hours or more, and giving the power of nature a chance, leaves himself liable to be called to account before a bar of justice. T. H. M.

—The Medical Dial.

SURGERY OF THE PELVIS BY THE VAGINAL PASSAGE.

It is most remarkable to note the ever changing, vacillating position of the profession in their views on the "principles" of the art of therapeutics on the mucous and methods of cutting short or eradicating disease. This has been notoriously obvious during the past twenty-five years; since, in fact, the germ-theory of disease came to be generally regarded as an established doctrine, and since the antiseptic treatment of wounds has been an accepted practice.

Chemical solutions of potential energy must saturate everything, the locality and unhealthy tissues; the instruments must be soaked in them, the

dressings, the operator's hands, the atmosphere, and everything.

Vast jars of irrigating fluids deluged everything. The operator standing on heavy wooden clogs or rubber soles and covered by garments was a sight to behold; rubber or glass tubes penetrated deeply into open wounds and everything was "drained." If the parts were not drained, wicks or wads of gauze were projected through the wounds to make a vent for the odd, stray germs, which perchance escaped the irrigation.

It was found that with all this array put into requisition that women would safely survive most any description of

surgery of her pelvic organs, and woe betide the independent philosophical thinker who dared to question the perfection of antisepsis. Tait, Bantock, and a few other noted surgeons boldly repudiated the whole propaganda. Others, encouraged by this defiant attitude, began to gradually and covertly set aside antisepsics; when to their astonishment they found that wounds did very much better without them; the much dreaded pus they found a comparatively innocuous substance, provided only it had a means of escape and the subject was vigorous.

And now comes the climax and good-bye to the peritoneal toilet, for greatly to the advantage of poor suffering women it has been found that laparotomies are quite necessary for dealing with nearly every pelvic lesion in the female. An enormous amount of danger and post-operative misery has been spared by the latest mode of attack through the vagina. But, who will have the affrontery to tell us that antiseptic technique is possible by this route? It certainly is not; in fact it is not attempted. It is now "asepsis"; which, translated into ordinary vernacular, simply means common cleanliness.

The vaginal route certainly enormously simplifies many of what was formerly formidable operations.

In dealing with purulent collections in the pelvis, it is of incalculable value, and independent of the simplicity of its technique, it greatly shortens convalescence.

Goffe very graphically describes its great value in a recent contribution, in which he says:-

"In the somewhat heated discussions that have been held from time to time on the abdominal versus the vaginal incision, there have not been wanting most ardent advocates of the abdominal route. I think I am safe in saying, however, that among the latter there cannot be found one who denies that if equally thorough, complete, and satisfactory work can be done per vaginam, it is the preferable

route of attack. The reasons for this are obvious: Throwing out of account entirely the old apprehension and fear of sepsis, which formerly attended a laparotomy, it is a serious thing for a woman to submit to an incision through her abdominal walls. To enumerate in detail the objections: The incision necessitates the placing of stitches which sooner or later must be removed and the fear of this ordeal fills the patient with dread. 2. The wound must be supported by adhesive plasters which are most uncomfortable and annoying, and then the patient is bound up in an abdominal bandage. Later there presents the unsightly scar and, last and most important of all, there persists for months and years the ever-eminent danger of ventral hernia. Various devices for stitching the abdominal walls have been resorted to until scarcely two men in the whole country use identically the same method, and yet all must submit to the mortification of seeing or learning that a certain proportion of every series of cases is afflicted with hernia. On the other hand, the vaginal incision of removing stitches, requires no adhesive plaster, leaves no scar, and has never been known to be followed by hernia; so that I say if the vaginal route affords facilities for as complete, thorough, and satisfactory work as the abdominal incision, the balance must swing in favor of its advocacy."

Note: "The old apprehension and fear of sepsis," not so very old, in fact, it yet lingers with those touched by germophobia.

We are not as certain of the vaginal incision being free from after-pain, but do know, from practical experience that it is free from the redoubtable risks always attending or following a large opening through the abdominal walls. Garrigues says that hernia does sometimes follow the vaginal incision; and that when it does occur it is the most troublesome form known to treat.

On the whole, however, we can regard this new departure in the treat-

ment of pelvic lesions, in no other light than one of the most important

advances in pelvic surgery.

T. H. M.

VERSES ON THE DOCTOR.

I entered the profession, like other men, to live;
I've fond how very few and rare the prizes it can give.
I've striven long from ill and death my fellow-men to guard,
And many kicks, but ha'pence scant, received as my reward.
For it's Doctor this and Doctor that and "doctor's gross mistakes,"
But it's "Run and fetch the doctor" when the little finger aches,—
When your little finger aches, my friends, your little finger aches.
Oh! it's "Run and fetch the doctor" when the little finger aches.

We bolt our meals; we scrimp our sleep; we little know of rest;
Through four and twenty hours we wait the club patient's behest.
You ring us up at midnight, you rush us all the day,
You wear our souls and bodies out, and then refuse to pay.
For it's Doctor this and Doctor that and "What a monstrous bill!"
But it's "Doctor, won't you save her?" when your only child is ill,—
When your only child is ill, my friends, your only child is ill.
Oh! it's "Save her; never mind the cost!" when the only child is ill.

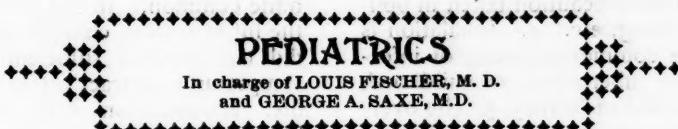
We face the plague and pestilence, greet danger with a laugh;
We win our V. C.'s day by day, and get repaid in chaff.
The very depths of human life, the foul and mean we scan;
But bitterest of all we find is the ingratitude of man.
Oh! it's Doctor this and Doctor that and "lazy, careless brute!"

But it's "noblest of professions" when the pains begin to shoot,—
When your pains begin to shoot, my friends, your pains begin to shoot.
It's "noblest of professions" when your pains begin to shoot.

You spend your time in idle talk and pass the careless lie:
How that d—d doctor messed your case and made you nearly die.
And everywhere you seek to do him all the harm you can,
And, vile traducer though you be, pose as an honest man.
For it's Doctor this and Doctor that; it's charlatan and quack;
But it's "skilfullest physician" when you're laid upon your back—
When you're laid upon your back, my friend, you're laid upon your back.
Oh! it's "skilfullest physician" when you're laid upon your back.

The papers rave about our mission, which they call divine,
Or deprecate our selfishness because we dare combine.
The manna drops from heaven, they think, to feed us and our wives;
Our business not to save our own, but only other lives.
For it's "Sawbones this" and "Butcher that" and any other taunt;
But in the Valley of the Shadow it's the doctor that you want,—
It's the doctor that you want, my friends, it's the doctor that you want.
In the Valley of the Shadow it's the doctor that you want.

—Australasian Medical Gazette.



PEDIATRICS

In charge of LOUIS FISCHER, M. D.
and GEORGE A. SAXE, M.D.

TUBERCULOSIS IN CHILDREN

George F. Still, Pathologist at the Great Ormond Street Hospital, read an interesting paper on this subject before the British Medical Association. (*Pediatrics* viii, 1899.)

His conclusions are based upon a large number of necropsies (769). Of these 290, or more than 1-3 had tuberculous lesions, and of these again 117 were under 2 years of age. Hence 43.4 per cent. occurred within the age of three.

In the series mentioned the intestine or peritoneum was found to be affected in 141 cases, while pulmonary lesions were present in 210.

The intestinal lesions, however, cannot be regarded as primary, for in childhood there is a tendency of tuberculosis to become generalized, and the sputum is constantly swallowed.

The primary source of infection can only be determined by a careful consideration of the condition of the lymph nodes; the sequence of clinical symptoms is of no value, as lesions may exist without giving rise to clinical evidences.

The lymph nodes were therefore carefully examined in each case. If the medicastical nodes (Dr. Still calls them glands), are found in a more advanced stage of caseation and the mesenteric nodes only show scattered foci of small size, the infection has taken place through the lung. Conversely, in a case where there is no evidence of tuberculosis in the intestine while the lungs show extensive but not advanced tuberculosis areas, the presence of a large, dry, caseous or calcareous node in the mesentery, and greyish yellow areas of tubercle in the mediastinal nodes, would show that the infection through

the intestine had been the primary lesion. The lesions of the organs are not always indices, therefore, of the duration of the disease in these structures, but the condition of the corresponding lymph-nodes shows the chronological relation of the process.

In some cases (46 out of 269) the lymph-nodes were so extensively affected that it was difficult to say which group was the primary seat.

The bacillus may enter the lungs or intestines and without producing lesions therein, penetrate into the nodes. This has been shown experimentally. In this series only 9 (out of 269) showed lesions in the mesenteric nodes without any naked-eye lesions of the intestines, and only 10 showed lesions of the mediastinal nodes without naked eye lesions of the lung or pleura.

Dr. Still doubts whether extension from the cervical to the mediastinal nodes is probable. He has not seen a case where distinct evidences of such an extension were present.

According to Batten (St. Barth. Hosp. Rep. xxxi), the right side is more frequently the seat of tuberculosis mediastinal lymph-nodes than the left. In cervical adenitis no such predominance is found. Out of 100 cases 51 were on the right side and 49 on the left.

It is also doubtful and improbable that an extension takes place from the retroperitoneal nodes upward into the mediastinal.

The writer concludes: 1. That the commonest channel of infection with tuberculosis in childhood is through the lung. 2. Infection through the intestine is less common in infancy than in later childhood. 3. Mild, therefore, is not the usual source of tuberculosis in infancy, perhaps

owing to the precaution taken in boiling, sterilizing, etc. 4. Inhalation is much the commonest mode of infection in the tuberculosis of childhood, and especially of infancy. 5. The over-crowding of the poorer population in the large towns is probably responsible for much of the tuberculosis of childhood, and prophylaxis must be directed to the prevention of this over-crowding, the improvement of ventilation, and the inculcation of the extreme importance of fresh air during the earliest years of life.

BACTERIOLOGY OF THE ACCESSORY SINUSES OF THE NOSE IN DIPHTHERIA AND SCARLET FEVER.

Dr. R. M. Pearce reports fifty cases of diphtheria (in the *Jour. Bost. Soc. Med. Sci.*, March, 1899), in which he examined the secretions of the nose and throat. In none of these fifty cases were there any signs of involvement of the antra or other sinuses. Cultures were taken from the contents of the sinuses. In twenty-five of thirty-nine uncomplicated diphtheria cases there were inflammatory changes in the antra or other sinuses. In all these cases except one the diphtheria bacillus was found. In all except two the diphtheria bacillus was accompanied by pyogenic germs or pneumococci.

In the cases of scarlet fever he found the antrum to be diseased in all but one instance. The germs found in these cases were streptococci, staphylococci, bacillus syocaneus and a short diplococcus.

Most of the cases in which there was an invasion of the sinuses died in from four to ten days, the average being the ninth day. The earliest infection occurred in diphtheria on the second and third day after membrane formation. All the scarlet fever cases with disease of the sinuses died between the ninth and fifteenth day.

The author concludes that in fatal cases of diphtheria and scarlet fever infection of the antra of Highmore is

quite common. In the cases reported the inflammatory changes in the antra did not produce sufficiently marked symptoms to attract attention during life. Examination of the antral cavities would seem to be indicated in all cases where the diphtheria bacillus persists in the nose after convalescence has been established.

G. A. S.

PALPITATION OF THE HEART IN CHILDREN.

L. D'Astros in *Der Kinderazt*, 1889, ix, 254, summarizes the causes of palpitation of the heart in children as follows:

Palpitation may be the only symptom of latent heart disease. It may also be due to the following causes in addition to actual cardiac disease:

Digestive disturbance (intestinal parasites), latent pulmonary tuberculosis, especially in young women at the beginning of menstruation, chlorosis, hysteria, over-exertion, onanism. When all these causes have been excluded we can make the diagnosis of tachycardia.

The treatment is to be directed towards the cause. In tachycardia the proper hygienic measures should be enforced and over-exertion prohibited. Small doses of sodium bromide (one or two grains twice daily) or of valerian are also recommended.

TONSILLOTOMY FOLLOWED BY ABSCESS.

Huber, in *Pediatrics* for Sept. 15th, 1899, reports an instructive case. The patient was a girl, aged 2, who had suffered from post-cervical adenitis when eight months old. Both tonsils were removed sixteen months later. The after-treatment consisted of irrigation of boric acid and the administration of drop doses of the tincture of ferric chlorid. The wound healed promptly. A few days later there was slight difficulty in swallowing, some fever and some rigidity of the cervical muscles. The right side of

the pharynx showed considerable thickening and finally suppurated. The abscess was opened and evacuated with complete relief of the symptoms except the rigidity of the neck which persisted. Marked tenderness and swelling was then noted at the site of the old scar in the post-cervical region. Soon fluctuation appeared and the abscess was opened by an incision through the scar. A drainage tube was introduced for a distance of three inches from the wound to the pharynx, and its end could be felt by the finger in the patient's mouth. A

large amount of pus escaped. The wound healed within two weeks.

This is the only instance in which the accident of infection occurred in the author's extensive practice in tonsillotomy. Retropharyngeal or rather lateral pharyngeal abscess is a rare sequel of tonsillectomy. In this case the author believes, and we are inclined to agree with him, that the predisposing cause was the existence of the tract of the original abscess and that the traumatism seemed to light up a new inflammation along this tract.

G. A. S.




THERAPEUTICS
 In charge of H. B. SHEFFIELD, M.D., New York.

NUTRIENT ENEMAS.

Dr. Roux says that Huber has shown by experiments on subjects in nitrogenous equilibrium that the large intestine absorbs 25 to 35 per cents. of the nitrogen of raw eggs given as an enema, 70 per cent. of the nitrogen of eggs mixed with sodium chloride and nearly 75 per cent. of the nitrogen of peptonized eggs. Voit and Bauer claim that under the most favorable circumstances only a quarter of the albumins necessary for life could be derived from enemas. These observers have proved that starchy substances introduced into the large intestine of animals are perfectly absorbed. An enema of starch which remains 24 hours in the large intestine is completely absorbed, being first converted into sugar. If large quantities are injected the sugar formed causes diarrhea. Deucher concluded that in man even under the most favorable conditions only 20 grains of an enema of oil, in the form of an emulsion, are absorbed, that the enema should not be large (30 grains of fat is sufficient), that 6 per cent. of sodium chloride should be added, and that the enema should remain a long time in the large intestine.

All writers agree that the addition of sodium chloride is indispensable. Neither egg albumin nor fat is absorbed without it. Three eggs beaten up in a little cold water, 9 ounces of warm water or milk and 90 grains of salt make a good nutrient enema. It must be administered four or five times a day, each one preceded by an evacuating enema. If mild enemas are given they must be injected high

in order to be absorbed. Feeding by nutrient enemas is, however, only a temporary expedient. It can be employed only for two or four weeks as patients waste rapidly on rectal feeding, often as rapidly as under absolute inanition. It is, therefore, only useful in acute diseases of the stomach and after operations on the mouth and upper digestive tract when no food can be administered by mouth.

H. B. S.

—Med. and Sur. Rev., London, July, 1892.

PUERPERAL ECLAMPSIA,— TREATMENT OF.

Dr. Norris states that whether eclampsia is an auto-intoxication or due to bacterial infection there are three indications in the therapeusis.

1. To prevent the formation of toxins.
2. To favor their elimination.
3. To combat their action.

He believes that the safest obstetric treatment of eclampsia is to utilize every available means to eliminate the accumulated toxins by sweating with the hot-pack or bath, and especially by free purgation with epsom salts, administered either by the mouth in concentrated solution or, when the patient is comatose, by introduction into the stomach through a stomach tube. The activity of the kidneys, as well as of the skin, should be stimulated by the free use of normal salt-solution, hypodermoclysis and enteroclysis being used for that purpose. The value of copious rectal injections of normal salt-solution, the patient having been placed in the Trendelenburg posture we have frequently

observed. The circulation having been quieted by means of venesection or by veratrum viride, and free catharsis and diaphoresis having been secured, attention may then be turned to the obstetrical treatment of eclampsia, and, so soon as the os is sufficiently dilated to terminate labor without undue violence, delivery, with greater safety to the patient should and will be accomplished. H. B. S.

—*Progressive Medicine, September, 1899.*

POTASSIUM IODIDE IN THREATENED ABORTION.

Dr. Montgomery urges the use of potassium iodide in cases of threatened abortion even when the history leaves the question of syphilis in doubt. He believes that it is one of the most effective remedies in decreasing the irritability of the enteriae mucous membrane. In these cases he administers five grains of potassium iodide three times a day in water after meals. He believes also that in cases in which sclerosis or areolar hyperplasia of the uterus has occurred no plan of treatment will do more to insure a woman to complete her pregnancy.

H. B. S.
—*Inter. Med. Mag., July, 1899.*

FLATULENCE AND COLIC IN INFANTS, TREATMENT OF.

Dr. Thomson says that when the flatulence is due to the swallowing of air along with the food, a change in the method of its administration may diminish or stop it. A sick infant who is being fed out of a small spoon, and is gulping down air each time, will swallow less wind if a large spoon is used, and probably none at all if he is skillfully fed from a bottle or with a syringe and tube. If the air is swallowed during the process of sucking from a bottle care should be taken that the rubber teat is full of milk when the child sucks it. If the flatulence is due to fermentation, its treatment is mainly prophylactic, i. e., regulation of the digestibility and quantity of the food and of the way in

which it is taken. Alkalies with a carminative:

Sodium bicarbonate.....3 grains
Aromatic spirit of ammonia.....1 minim
Spirit of chloroform....1 minim
Syrup.....10 minims
Distilled water up to 1 dram.

After each meal. Or with pepsin or papain are also useful.

Sodium bicarbonate....2 grains
Papain.....1 grain
Before each meal.

The best immediate treatment of an attack of colic consists in irrigating the lower bowel with a large quantity of warm water or administering a copious warm enema. The application of hot fomentations to the abdomen and of warmth to the feet are also serviceable and 20 drops of whiskey and a dose of carminative may help to relieve the chold. An aperient is usually indicated to clear away irritating matter, and if the bowels are habitually constipated this should be attended to.

When there is obstinate recurring colic small doses of codein are occasionally useful as a temporary palliative while the diet is being gradually regulated. The alleviations thus produced encourages the mother to persevere. Other children who have chronic indigestion accompanied by recurrent colic are often relieved by small doses of Fowler's solution (1 minim) taken immediately before meals.

H. B. S.

—*Phila. Med. Jour., Vol. iv, Nov. 18, 1899.*

THERAPEUTIC HINTS.

Oil of Erigeron in one to five drops every three hours is valuable in uterine hemorrhages.

Obstinate epistaxis is said to be cured by soaking the hands and feet in water as hot as can be borne.

Syrup iodide of iron given in medium doses to delicate children afflicted with nasal eczema will bring

about better results than all local applications.

Quinine in children is best administered by dissolving it in the white of an egg and injecting it in the rectum. The white of the egg prevents irritation, and aids in the absorption of quinine. Large doses can thus be given, which is impossible if given by the mouth. H. B. S.

NEW REMEDIES.

Hypo-Quinidol (Gardner) in Treatment of Malarial Fever.—The following reports are taken from the official records of the St. Louis City Hospital:

Case 1.—Thomas Wilson, æt. nineteen; born Illinois; laborer; single; present home, New York House; admitted to hospital February 4, 1899.

Family History.—Maternal uncle died of "Grinders' Consumption."

Previous History.—Had typhoid fever five years ago; malaria for first time last fall, while patient resided in Arkansas; had the several types at that time. Off and on since then has been troubled with recurring attacks. Night-sweats last fall. No venereal history; no history of epilepsy.

Present Trouble.—Began February 1, 1899, with chill followed by fever and sweating; this was repeated for the next three days, the chills coming on about one hour earlier each successive day. Patient states that when given quinine an eruption appears on the arm and body. It sometimes causes, as he states, "a quinine fit." In support of this we can say that one hour after giving him 30 c.c. of quinine, he suddenly became dizzy, nauseated and weak, his ears were roaring, his head felt distended, he fell to the floor, but was not unconscious. He was pale, weak and highly excited, vomiting began and continued for an hour. Bowels costive, tongue coated, weakness and anemia present.

Physical Examination.—Feeble respiratory murmur all over chest; heart negative; spleen enlarged.

Urinalysis.—Light straw color,

acid reaction, specific gravity 1016, no albumin, sugar, bile or casts.

Specimen of blood from patient reveals plasmodium of the estivoautumnal type, a relative leucocytosis and poikilocytosis. The percentage of hemoglobin, 47.5 per cent.

February 12th.—Plasmodium has disappeared from blood, the erythrocytes are no longer distorted. Percentage of hemoglobin, 65 per cent.

February 15th.—Blood specimen shows no plasmodium and is otherwise physically normal. Percentage of hemoglobin is 87 per cent. Patient is practically well, having no chill since the 8th inst.

February 19th.—Blood free from plasmodium; hemoglobin, 90 per cent. Patient is on iron and strychnine in addition to hypo-quinidol (Gardner). He is practically well and requests his discharge.

This patient stated that he had been treated for malaria at the Charity Hospital at New Orleans for eight months previous to coming to St. Louis, quinine having been used, and in every instance in which it was used marked signs of cinchonism were produced, as was the case when quinine was used at this institution.

Diagnosis.—Malaria, quotidian.

Treatment.—Hypo-quinidol (Gardner), two to four grains every two or three hours.

Case 2.—Fred Peterson, æt. thirty-four; born in Denmark; plasterer; single; no home; admitted to hospital February 8, 1899.

Family History.—Negative.

Previous History.—Patient was with army in Cuba and contracted malaria after returning to the States. Has had chills and fever off and on since August. No venereal history.

Habits.—Sprees occasionally, chews tobacco.

Present Trouble.—Began February 6th with chill, followed by fever and sweating. This was repeated for next two days.

Physical Examination.—Spleen enlarged, liver in normal position.

Urinalysis.—Negative.

Blood Examination.—Tertiary type of plasmodium found.

Diagnosis.—Malaria, quotidian.

Treatment.—Hypo-quinidol (Gardner), thirty grains daily in divided doses.

February 10th.—Feels much improved; requests to be discharged.

Patient did not remain long enough to get any positive evidence of his entire recovery, excepting that second examination of the blood did not reveal any plasmodium.

Case 3.—B. D., æt. forty-eight; born in Belgium; laborer; single; present home, Third and Plum; admitted September 2, 1899.

Habits.—Good.

Family History.—Several of his family died of small-pox, family history otherwise good.

Previous History.—Had usual diseases of childhood, such as measles, scarlet fever and whooping-cough; troubled with rheumatism for last ten years; denies any venereal disease, but has for the last five years had to get up at night and urinate five and six times. When he lifts anything heavy there appears an indirect inguinal hernia on left side. No history of any disorder of lungs, vascular system, digestive system, liver, spleen or pancreas; does not give any history of any disease of the nervous system.

Present Condition.—Has been having chills for the last six weeks, these occurring every other day; during the past week chills every day; complains of pain along sciatic nerve, and at present is annoyed with a profuse diarrhoea. States that he has been using quinine during the above named period without any effect.

Physical Examination.—Respiratory tract normal, heart apparently normal, pulse rather weak but regular, arteries show no sclerosis or atheroma. Digestive tract: stomach apparently normal, there is evidence of a slight enteritis, spleen somewhat enlarged, liver dullness normal, no evidence of oedema on any part of the body or extremities. Nervous system normal.

Urinalysis.—Slightly cloudy urine, specific gravity 1022, alkaline reaction, slight precipitate of urates and phosphates, no albumin, sugar, or bile present, no casts.

Blood Examination.—Plasmodium malaria found in blood.

Diagnosis.—Quotidian malaria.

Treatment.—Hypo-quinidol (Gardner), tonics.

On September 9th, patient has not had any chill for several days; claims to have used quinine before coming to the hospital without any effect. Quinine was given here at hospital for several days, but chills still continued. After changing the treatment to hypo-quinidol (Gardner), four pills five times daily, chills failed to occur and patient feels much improved. On September 14th, examination of blood failed to reveal any plasmodium present. On September 15th, patient still taking hypo-quinidol (Gardner), is feeling very well and has not had any chill to-day. September 16th, examination of blood does not reveal plasmodium; patient is practically well, doing detail work.

Case 4.—Geo. C., æt. forty-two; born in Missouri; laborer; single; present home, 901 Market street; admitted July 25, 1899.

Habits.—Drinks with moderation; smokes, but does not chew; regular at meals, and takes proper sleep; does not indulge in venery to excess.

Family History.—Negative.

Personal History.—Has been at hospital several times, once with stricture and once with fever.

Present Trouble.—Began last Thursday, felt bad, dizzy and sick at stomach, and had a headache; the next morning had a chill, which lasted thirty minutes, followed by fever and sweats. Was comparatively well until Tuesday, when he had another chill in morning, as before; fever lasted somewhat longer, about three hours.

Present Condition.—Feels pretty good, appetite good, no fever, slight cough, no pain anywhere noticeable.

Examination.—Inspection reveals well-made man, five feet six inches in

height, and of moderately good intellect; no abnormal manifestation noticed on body, palpitation negative, percussion normal, pulmonary resonance over thorax, both anterior and posterior. Auscultation reveals nothing abnormal. Spleen is not perceptibly enlarged and not tender to palpitation.

Urinalysis.—Alkaline reaction, cloudy, heavy precipitate of ammonium urates, no albumin, sugar or casts.

Examination of blood revealed plasmodium malaria present. Quinine did not produce any relief in this case. Hypo-quinidol (Gardner) was substituted, and during its administration no vomiting occurred. Second examination of blood showed that the plasmodium had disappeared after the administration of the hypo-quinidol (Gardner).

Diagnosis.—Malaria.

Treatment.—Quinine, tonics, and hypo-quinidol (Gardner).

Prognosis.—Good. July 31st much improved, and requests to be discharged.

Case 5.—J. B. T., æt. thirty-five; born in Ohio; three years in St. Louis; laborer; single; present home, Columbus House; admitted July 25, 1899.

Habits.—Is a telegraph operator; does not chew, drink or smoke; morally, habits are not very good.

Family History.—Father and mother died of heart trouble, suddenly; has one brother who has heart trouble; one sister died of typhoid, one died of phthisis (?).

Personal History.—Measles, mumps, scarlet fever, diphtheria; rheumatism when eight years old, joints swollen and fever, same lasted off and on for four years; used to get out of breath very easily, and had palpitation of heart; as he grew old, heart did not bother him so much. One and a half years ago the present trouble began; had chills every other day, chills sometimes lasting from two to three hours, followed by fever that usually lasted from four to five hours, then profuse sweats. These attacks

lasted sometimes for a month at a time. For last year and a half he has never been free from chills, etc., for over one month at a time. Patient has been treated for malaria at St. John's Hospital, of this city. Has resisted all kinds of treatment. While the fever is in progress, patient often has severe pains in heart; has been picked up off the street unconscious, as result of these severe cramps of heart. At present every bone in body aches, becomes delirious after chill, temperature reaching 104 degrees. Yesterday, fever lasted at least twelve hours.

Examination revealed a very intelligent man, face red, eyes bright, no sign of cachexia, skin at present very moist, chest well developed, few rales over base of lung, spleen enlarged, apex beat, about normal, pulse full and throbbing, digestive apparatus in fairly good condition, first sound of heart roughened.

Urinalysis.—Brown-yellow, specific gravity 1030, no albumin, sugar or casts, alkaline, heavy precipitate of phosphates.

Blood examination revealed plasmodium malariae in great numbers.

In the above case quinine was used very energetically and without effect. The above record shows that hypo-quinidol (Gardner) acted promptly.

Diagnosis.—Malaria.

Treatment.—Hypo-quinidol (Gardner), and tonics. July 29th, very much improved; wants to be discharged; request granted.

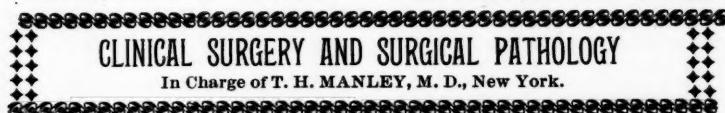
The above cases were given from three to four two-grain pills of hypo-quinidol (Gardner), four or five times daily—from eighteen to forty grains.

The following important points were noted: Hypo-quinidol (Gardner) was administered with gratifying results to patients who were unable to take quinine sulphate. The combination of quinine with the oxidizing agent, phosphorus, as presented in this remedy, did not cause any of the untoward effects so often resulting from the administration of quinine sulphate. The percentage of hemoglobin increased rapidly under its use.

The specific action against the plasmodium malariae was more rapid than that of quinine sulphate. Other

equally important facts will be readily perceived by a careful study of the above cases.





MISTAKES CAUSED BY USING THE RONTGEN RAYS.

Seiz draws attention to the mistakes which can be made in interpreting the results of the fluorescent screen or the skiagram. These are more likely to arise with the former. In one case a girl, aged thirteen, had an outward dislocation of both bones of the forearm, a skiagram was taken twelve days after its reduction. It showed that the position of the joint was normal, but that apparently there was a separation of the tip of the olecranon. However, there was no clinical sign of this lesion, and the appearance was doubtless physiological, and due to the fact that the epiphysis of the olecranon was still joined to the shaft by cartilage. Without clinical examination a fracture of the tip of the olecranon might have been diagnosed. In a second case, a boy nine years old, fractured the shaft of the right femur. It united with an inch of shortening. However, the skiagram showed what appeared to be a shortening of nearly 3 inches! After such experiences, Seiz concludes that for a true interpretation of a skiagram a clinical knowledge of the case is also necessary. It is also necessary that the distance of the object from, and its position with relation to, the illumination should be known. Although such false impressions are the exception, they might be of the greatest importance, especially in actions for damages, and it is most necessary, both for his own and others' protection, that the surgeon should inspect every skiagram most carefully, before allowing it to be seen.

—Therapeut. Monatshefte.

HYSTERICAL ARTHRALGIA.

Bianchi gives the following data, which should lead us to suspect that a case of point pain is hysterical in origin:

Co-existence of other hysterical phenomena; painful points remote from the affected joint—often a hysterogenous zone upon the affected limb; anaesthesia about the joint; contracture of the joint, which differs from the immobility due to disease.

Besides these local symptoms we should also look for corroboration in the presence of contraction of the visual field in one or the other eye; the alternation of symptoms, such as anaesthesia followed by contracture, and this again by amblyopia; finally, the symptoms tend to become worse when an unfavorable prognosis is made to the patient.

—Medical Review of Reviews.

MALIGNANT TUMORS OF THE KIDNEYS.

J. Bland Sutton (*Clinical Journal*, May 24, 1899), in this paper, considers the origin, cause, operative interference of sarcoma and carcinoma involving the structure of the kidney.

An analysis of a very large number of records of cases of malignant tumors of the kidney shows that they have a peculiar age distribution; for instance, during the first five years of life they are frequent; then follows a period of comparative immunity, then there is a second period of liability from 30 to 50 years of age.

It also is observed that the tumors of the infant and the adult periods differ not only in structure, but they

also arise from different regions of the kidney, as the renal sarcomata of infant life are lodged in the pelvis of the kidney, while those of adult life originate mainly in the connection with its capsule.

The malignant tumors which have a more intimate connection with the renal tissue are the carcinomata which spring from the epithelium of the uriniferous tubules.

Concerning the sarcoma of infancy occurring with the first five years of life, it is to be remarked that they originate in the connective tissue of the renal sinus, and that they gradually distend the cortex until the tumor is surrounded by a thin capsule formed of expanding secretory tissue of the kidney; this being in a sense a false encapsulation formed by the renal tissue and the true capsule of the kidney.

The base of these sarcomata is connective tissue containing cells, some of which are round and others of which are spindle-shaped; in some cases the ground substance contains groups of tubercles with regularly arranged cubical epithelium. In quite a number of cases the spindle cells have the cross striation of the fibres of voluntary muscle cells, and in these cases in which the striated cells are very abundant the tubules are absent.

The author believes the presence of the tubules to be explained by the entanglement of the uriniferous tubules in consequence of the sarcoma invading the cortex while the striated spindle cells are derived from the muscle tissue of the renal pelvis.

From this reasoning the doctrine of tissue prototypes is exemplified and satisfied by normal tissues without the aid of the theory of misplaced segments of adjacent mesoblastic somites.

Obstruction of the ureter from these sarcomata is very unusual, and generally there is a slight secretion of urine; this explaining the rarity of hematuria in these cases.

Although the ureter generally escapes, yet there is always an implication of the veins, this constituting one

of the most dangerous features of renal sarcomata.

The tumor tissue extends into the renal vein and at times runs a considerable distance into the inferior vena cava.

The author remarks that it is a singular and well-established fact that where certain paired viscera, such as the kidneys, ovaries, eyeballs, and crura cerebri, are attacked in early life by sarcomata, in a very large proportion of cases the disease is bilateral.

A consideration of the results of treatment by nephrectomy gave, in a list of twenty-one cases, twelve patients who died as a result of the operation, and of those who recovered all died of recurrence within a year. Analysis of a large number of cases shows that nephrectomy for renal sarcoma in infants under 6 years has a mortality of over 50 per cent.

The sarcomata of adults differ in many important particulars from those of infancy, as a sarcoma of the adult arises in the cortex, usually in connection with the capsule, and then gradually invades the true tissue of the kidney.

This relation of the tumor to the capsule is an important one, because similar tumors are in the connective tissue in which the kidney is embedded, and this is, perhaps, a more frequent position for them than those which we term renal sarcomata.

The question has assumed a new aspect since Grawitz showed that many renal sarcomata occurring in adults exhibited, on microscopic section, the structure of the zona fasciculata of the adrenal. It is also worthy of note that while "adrenal nests" are found in so many situations, yet tumors exhibiting this peculiar structure should only arise in two situations,—namely, in the main adrenal and beneath the capsule of the kidney.

Whatever view may be taken of the tissue in which these tumors arise, it is quite certain that they possess peculiarities of structure which distinguish them from the ordinary round

and spindle-called sarcoma. That they are malignant is beyond question, and though they are very vascular and often have extravasations of blood in their centres, yet they do not give rise to hematuria, because the tumor does not involve the renal pelvis. This is a most striking fact in their clinical history.

Carcinoma of the kidney is uncommon before middle life, and increases in frequency after 50. The disease consists in a gradual transformation of the renal tissue without any great distortion in its shape. The carcinomatous tissue creeps into the pelvis of the kidneys extending along the ureter and

even entering the bladder, this relation explaining the frequency of hematuria in the course of carcinoma.

Patients who are the subjects of malignancy, especially when advanced in life, bear surgical procedures very badly, especially is this true with the kidney.

The author comes to the conclusion that operation shortens rather than prolongs life, even in those cases recovering from the operation. At present we have no facts to indicate in dealing with malignant tumors of the kidney which should be interfered with and which should be allowed to run their course.

—*Clinical Journal, May 24, 1899.*




PUBLISHER'S MISCELLANY

BETA-EUCAIN AS A LOCAL ANÆSTHETIC.

BY GEORGE G. HAMILTON, F.R.C.S.,
ENG. AND EDIN.

Assistant Surgeon to the Royal Infirmary;
Late Surgeon to the Northern
Hospital, Liverpool.

(The Lancet, London, August 26, 1899.)

For a considerable time past I have been trying various local anaesthetics, but the results obtained by Eucain "B" are by far the most satisfactory. With cocaine one has always had the fear that cardiac or other dangerous symptoms might result. Then with Eucain "A" or the first Eucain which was used, the results were not at all reliable and the patients complained of much burning sensation or of absolute pain afterwards. In Eucain "B" the surgeon seems to have in every respect a most satisfactory local anaesthetic and when one thinks of the dread which many people have of chloroform or ether, and of the number of deaths which are constantly reported in the medical journals as occurring therefrom, it is a great boon to be able to conduct even major operations and to assure the patients that at least there is no danger to life and no fear of suffering from sickness or other disagreeable after-effects.

Method of administration.—I have gone back to a 2 per cent. solution in a number of hypodermic injections in preference to stronger injections (up to 20 per cent.) which were used at first. The 2 per cent. solution if applied in the line of the cutaneous nerves supplying a part, paralyzes sensation over an area at least of the size of a five-shilling-piece, and this for the most part on the peripheral side

from where the puncture has been made. For instance, if an operation is to be conducted on the skin of the middle of the thigh it is well to introduce the hypodermic needle in the line of the cutaneous nerves (middle internal and external) and two inches or so nearer Poupart's ligament. If an operation has to be performed on a finger the anaesthetic should be administered in the neighborhood of the digital nerves as near as possible to the web and on the palmer surface. If the seat of operation is over the middle of the deltoid then the injection is made at a point near where the circumflex nerve winds round the outer skin. The skin should be held tightly between the finger and thumb on the proximal side of where the injection has to be made; then a long hypodermic needle should be thrust into the subcutaneous tissue and from 5 to 7 minims injected in two directions from one puncture. Three or four punctures are generally made, but if the patient feels at all another puncture should at once be made or some Eucain solution poured over the wound. It is well first to explain to the patient exactly what is going to be done.

I generally use one syringeful (20 minims) of the solution in three or four places and the syringe is again filled and used to moisten the wound or inject if necessary (40 minims in all). Anaesthesia is produced almost at once, not in ten minutes, as has been stated, and no suppuration follows the injection if the needle is boiled and the Eucain is prepared with boiled water. I have not yet been able to ascertain exactly how long the anaesthesia lasts but it varies very much—

certainly it lasts half an hour in most cases.

I append notes of some of my cases which were operated on by the use of Eucain "B", the notes being kindly taken by Dr. J. W. Anderson for the most part at the time of operation.

Case 1. Hammer-toe.—Injection of 5 minims of Eucain "B" was made in the course of the digital nerves, one on each side of the toe. The lateral ligaments were divided subcutaneously. There was absolutely no pain.

Case 2. Lipoma of the back.—Four injections of 10 minims each were made around the growth and some liquid was poured on the cut surface. There was no pain.

Case 3. Amputation of finger at the metatarso-phalangeal joint. The patient felt little pain during the amputation. In ten minutes the effect of the injections seemed to diminish and the introduction of the sutures was much more painful than the incisions of the knife or the dislocation at the joint. The wound healed nicely and the patient expressed pleasure at the result.

Case 4. Hydrocele.—The hydrocele was tapped and fluid was withdrawn. Ten cubic centimeters of 2 per cent. Eucain "B" were injected into the sac through a trocar, followed by 2 drachms of the Edinburgh solution of tincture of iodine. The patient stated that the injection felt warm. Three days later the patient attended at the out-patient department and the sac was found to be thickened. There had been no pain after leaving the hospital. This is unusual, as the injection of iodine is extremely painful. He made a good recovery.

Case 5. Umbilical hernia. The patient was a woman who was the subject of phthisis and cardiac mischief. The pulse was very feeble. Forty minims of Eucain "B" were injected around and in the line of the tenth nerve and about 40 minims were poured on the cut surface. No pain was experienced.

Case 6. Myxo-fibroma of the thigh.

—In this case 40 minims of Eucain "B" were used, being partly injected and partly poured on the cut surface. There was absolutely no pain. The patient stated that he had a sensation as if he were being rubbed with a blunt pin.

Case 7. Left strangulated inguinal hernia.—The patient was a man. Five minims of Eucain "B" were injected in four places and 20 minims were dropped into the wound. There was no pain in the skin wound, but a little pain was felt when the tight sac was handled. The result was very satisfactory.

Case 8. Thiersch grafting.—The patient was a very nervous old woman. Repeated injections of 10 minims of Eucain were made on the proximal side of the part where the skin was to be removed, 50 minims in all being used. There was absolutely no pain. Seven grafts, varying from one to two inches in size, were transplanted.

Case 9. Sebaceous adenoma of the axilla.—Twenty minims of Eucain were injected into the pedicle in three places and 15 minims were put on the cut surface. No pain was felt. The operation was begun within five minutes and the painless condition lasted for ten minutes.

Case 10. Fatty tumor.—A fatty tumor of the size of a filbert-nut (self) was removed painlessly from near the insertion of the deltoid after two injections of 10 minims each.

Eucain costs 11s. an ounce and I have calculated that the expense of the solution for each operation is about 2d. The great advantage of not having chloroform sickness to contend with after the operation for hernia not only helps the patient to recover but aids very much the diagnosis of whether or not the cause of strangulation has been relieved. The fact that a hydrocele can be cured by injections of iodine painlessly is very encouraging and Thiersch grafting can now be accomplished by the house surgeon in the ward without disturbing other patients in any way.

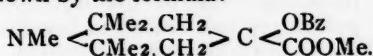
It is my intention to try, in operations about the hands, injections into the neighborhood of the median and ulnar nerves in the forearm, for so far, although operations on the fingers are very satisfactory towards the tips, the amputation at the metacarpo-phalangeal joint was the least satisfactory. Lastly, my own personal experience of having a small fatty tumor (which I had possessed for 15 years) removed without pain was most satisfactory in every way; I felt nothing, there were no after-effects, and the wound healed by first intention. Suppuration did not occur in any of the above cases.

Mr. Prosper H. Marsden, F. C. S., has kindly supplied me with the following information upon the chemistry of the local anaesthetics mentioned above. Eucain was introduced some two or three years ago by Schering as a substitute for cocaine. It was stated to be a methyl ester of benzoyl-oxy-piperidine carboxylic acid, having the formula $C_{19}H_{27}NO_4$.^{*} Merling when

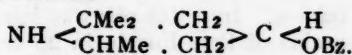
^{*}Year Book of Pharmacy, 1896, p. 180. From Pharmaceutische Zeitung, Band XLI., p. 279.

engaged on a research upon the close relations of atropin and cocaine showed that ecgonin— $C_8H^{14}NO.COOH$ —can be converted into cocaine by replacing the carboxyl hydrogen by methyl and hydroxyl hydrogen by benzoyl. Having regard to the analogy between amygdal-methyl-triacetone-alkamine and atropin the idea suggested itself that by effecting a similar introduction of benzoyl and methyl into γ -oxy-piperidine carboxylic acid compounds obtainable by synthesis, products might be prepared which would resemble cocaine in possessing the power of producing local anaesthesia. The synthetic acids of this type were then unknown, but Merling found that they could be prepared by attaching hydrocyanic acid to triacetonamine, saponifying the cyanhydrine so produced, and in this way obtained acids analogous to ecgonin, and as ecgonin may be converted into cocaine by successive etherifications and benzoylating, these synthetic

carboxylic acids may, by substituting alcohol radicals for their carboxyl hydrogen, and benzoyl for the hydroxyl hydrogen, be converted into basic products which possess, in common with cocaine, the property of producing local anaesthesia. Eucain belongs to this class of compounds and is the methyl ester of a methyl-benzoyl-triacetone-alkamine-carboxylic acid as shown by the formula:[†]



Recent observations indicating that Eucain Hydrochlorate has produced a burning sensation when applied to the eye have induced Silex to introduce a new compound of the same class which he finds to be better adapted for ophthalmic use. The name Eucain "B" is proposed for this substance to distinguish it from the older Eucain, or Eucain "A". Chemically it is closely allied to the latter and also to cocaine, and especially to tropacocaine, but it is less toxic than either of the two last-named substances. Though the hydrochlorate of the new compound is less irritating it is in no way inferior in its anaesthetic action to that of Eucain "B" which is represented by the formula:[‡]



A. H. Peck, M. D., D. D. S., Professor of Materia Medica, Therapeutics and Special Pathology in Northwestern University Dental School, Chicago, after reading his paper, entitled "Relative Toxicity of Cocain and Eucain," before the Section on Stomatology, at the fiftieth annual meeting of the American Medical Association, held at Columbus, Ohio, June 6th to 9th, 1899, produced three guinea-pigs and injected them with

[†]George Merling: Berichte der Deutschen Pharmaceutischen Gesellschaft, Band VI., pp. 173-176. Journal of the Chemical Society, 1897, September A 1, 499. Translated in the Pharmaceutical Journal, Oct. 17th, 1896, p. 337.

[‡]Year Book of Pharmacy, 1897, p. 244. from Pharmaceutisches Centralblatt, Band XXXVIII., p. 355.

Alpha-Eucain, Beta-Eucain and hydrochlorate of cocaine, in doses intended to show relative toxicity with uniform results.

The first guinea-pig weighed 32 1-2 ounces, and 1 grain of hydro-chlorate of cocaine dissolved in 20 drops of water (a 5 per cent. solution) was injected hypodermically. In five minutes the guinea-pig fell over in convulsions which became tetanic in eight and one-half minutes. In nine minutes from the time of the injection the guinea-pig had ceased to breathe, dying from paralysis of respiration.

The second guinea-pig weighed 32 ounces. One grain of Alpha-Eucain, dissolved in 20 drops of water (a 5 per cent. solution) was injected hypodermically as before. In five minutes the heart's action became very weak and respiration short and quick. In seven and one-half minutes from the time of the injection the guinea-pig jumped up from the table and fell in violent spasms, which continued for seven and one-half minutes, when the posterior extremities became paralyzed. The anterior extremities never lost their functions. The heart and respiration were greatly, but not so much depressed as by cocaine. The pig recovered in about an hour.

Guinea-pig No. 3 weighed nearly 28 ounces. Into this pig was injected 3 grains of Beta-Eucain in 20 drops of water. The guinea-pig apparently suffered no great inconvenience, except as was made known by grinding his teeth. The respiration and heart's function were slightly depressed, but the guinea-pig recovered without spasms or other unhappy symptoms.

—The Ohio Dental Jour., Aug., 1899.

PEPTO-MANGAN.

BY J. R. CLAUSEN, A. M., M. D.

No discovery of recent years, in the field of medicine, has created more widespread interest among thoughtful physicians than the new process of enriching the blood arranged by Dr. A. Gude, of Leipzig, Germany.

The value of iron as an agent for absorbing oxygen has long been rec-

ognized, but Prof. Hannon was the first to call attention to the presence of manganese in the blood and its superiority to iron as a means of oxygenation. The chemical action of manganese as well as of iron in the red blood corpuscles is manifest in the property these metals possess in absorbing oxygen. For years efforts were made to employ the better agent, manganese, but the inorganic nature of the compounds tried forced the chemists to turn their attention to iron. Experience now has proven that metallic iron does not agree with the system. Its combination with the acid of the gastric juices causes noxious gases to be formed, producing nausea on the part of the patient.

Digested albuminous compounds of iron, the peptones, were next tried, but these lacked the chief factor of all in the battle against chlorosis, anæmia, etc., namely, manganese.

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Unlike all other compounds of iron and manganese it is pleasing to the eye and agreeable to the palate. In color it resembles clear, dark sherry, and in taste it is mildly aromatic and non-astringent. It is quickly taken up by the blood and an increase of health and weight is generally noted within a week after its use is begun. It produces a rapid increase in the red blood corpuscles, does not injure the teeth, and can be given in milk should the patient dislike the pure form.

We speak from experience when we say that Pepto-Mangan has no equal in the treatment of anæmia and chlorosis. Having thoroughly tested it in our own practice, it has our unqualified endorsement.

DERANGEMENT OF THE LIVER AND DISEASE.

BY J. S. MOREMEN, M. D., LOUISVILLE, KY.

Often we find a close relationship between the liver and certain diseases, so close in fact that there seems to be a dependence upon the liver to maintain perfect health. Nearly all febrile conditions are associated with hepatic disturbances, especially constipation or a

jaundiced condition. This is seen in different forms of malaria, when the bowels are constipated, the digestion poor, the lymphatics engorged, skin yellowish, even true jaundice. In malarial troubles the administration of the sulphate of quinine often does not stop the ravages, simply because the alimentary canal is not in the condition to facilitate the absorption of quinine. The stomach and intestinal tract and liver are intimately connected with the nervous and circulatory systems, and one being deranged affects the functions of the other. If there is a deficit of hydrochloric acid in the stomach, often found in malaria, the quinine, especially if administered in capsules, pass through the bowel with the feces without being dissolved. In this condition, if the function of the liver can be stimulated, there is an increase of hydrochloric acid in the stomach and the quinine is absorbed.

Again in portal congestion we have a similar condition, and the function of the liver is off, and biliousness, so called, is the consequence. Bile is nature's purge, in that it digests or helps digest food which has not been digested in the stomach. It is also a decided laxative, the salts of the bile causing more fluid secretion to be discharged into the alimentary canal, especially the small intestine, and it certainly increases peristalsis.

Often when the physician wants to relieve a deranged liver, especially if functional, a brisk purge is administered and the system, on account of the quick emptying of the alimentary canal, often loses considerable bile, which in reality should be reabsorbed. The drug administered should be a chologogue and a laxative, not a purge. Chionia, prepared by the Peacock Chemical Company from the chionanthus virginicus, with the disagreeable properties of the crude drug eliminated, in teaspoonful doses three or four times a day, certainly stimulates the function of the liver, and causes a discharge of bile into the canal, but not in such quantities as to cause purging, but it acts as a laxative, which soon re establishes an equilibrium between the organs of the digestive apparatus. Those who lead a sedentary life, and pay very little attention to the calls of nature, soon begin to suffer with constipation and biliousness in a mild form. This condition is very promptly relieved by the use of Chionia.

HEROIN IN PEDIATRIC PRACTICE

Dr. F. C. Floeckinger (American Therapist, June, 1899,) reports his experience with Heroin especially in pediatric practice. An epidemic of measles afforded him an abundant opportunity for this purpose, since sixty-five per cent. of the cases were complicated with respiratory disorders, usually acute bronchitis. In these cases heroin was administered in doses of 1-60 to 1-30 of a grain, according to the age of the child. A diminution of the irritating cough was noted within a short time, the respirations became more prolonged and deeper and on the second day an increase of expectoration was observed.

In a few instances vomiting occurred after taking the drug, but this happened only in cases in which there was weakness of the stomach and disturbances of the digestive functions, and disappeared after removal of these disorders. In a few cases of lobular pneumonia, with marked irritating cough and dyspnea, heroin was ordered in combination with salicylate of sodium. This mixture in combination with small doses of strichnia sulphate promoted speedy recovery. In conclusion, Dr. Floeckinger states that Heroin is a sedative par excellence in diseases of the respiratory tract; that stagnation of excretions does not take place; that the drug is devoid of any injurious influence upon the heart; that unless taken on an empty stomach gastric disturbances never occur and that habituation is never produced even after prolonged administration.

ANTIKAMNIA IN COMBINATION.

The new combination tablets recently introduced by the Antikamnia Chemical Company of St. Louis must at once appeal to the favorable consideration of every practitioner called upon to treat the large class of diseases in which a laxative combined with a analgesic antipyretic is indicated or as in the treatment of influenza, la grippe, coryza, rheumatism, bilious fever, dengue, typho-malaria and allied diseases the antipyretic and analgesic effect of Antikamnia combined with quinine and a laxative are of so great value.

The convenient form in which these two formulas are put up—a small easily swallowed tablet—the one a laxative analgesic and antipyretic and the other a tonic laxative add materially to their value. J. R. C.

THE voice of Olive Schreiner rings true and clear for liberty for her country and her sex. Of all the champions of the Boers in their present difficulty wth England none is more logical and more fervent than the famous author of "The Story of a South African Farm" and "Dreams." Mrs. Schreiner brings into the fight for her countrymen the same brilliant logic, high intelligence and remarkable talent that she has displayed in the November "Cosmopolitan Magazine" in her article on "The Woman Question." She has made this subject a special study for ten years, and pleads the cause of her sex with a loftiness of purpose and a strength of argument that will command instant and worldwide attention. The article is the most notable pronoucement on this eternal question that has been printed in the last ten years. It will be concluded in the December number.

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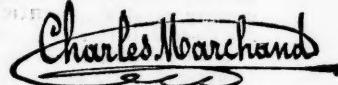
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